Calendar No. 1027

99TH CONGRESS
2d Session

SENATE

REPORT
99-505

INFORMATION AGE COMMISSION ACT OF 1986

SEPTEMBER 30 (legislative day, SEPTEMBER 24), 1986.—Ordered to be printed

Mr. ROTH, from the Committee on Governmental Affairs, submitted the following

REPORT

[To accompany S. 786]

The Committee on Governmental Affairs, to which was referred the bill (S. 786) to establish an Information Age Commission, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

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I. NEED FOR THE LEGISLATION

Information systems of all kinds are playing an increasingly important and controlling role in our society. Sophisticated computer technology is being used routinely in business, education, government, and the military. It is being used in information storage, processing, management, and decisionmaking. Most of this technology was not even in the conceptual phase several years ago.

Furthermore, the introduction of additional information technology is driving social and economic changes. Most of these changes are benefiting our society and generally improving the quality of American life. In the next few years, information technologies will continue to undergo rapid development and will be applied to a

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growing number of activities. However, these technological changes also appear to be rapidly outpacing the time needed for our economic and legal system to adjust.

To date, policy development regarding the "information age" has been a piecemeal effort, generally reactive to situations that have come to our attention. The United States cannot afford to continue in this fashion. The bill, S. 786, therefore, is needed to establish a commission to study in a comprehensive manner the impact of computer and communications systems on American society.

II. SUMMARY

The legislation establishes a Commission to study the impact of computer and communications systems on American society. The objectives of the legislation are to conduct studies and analyses of the efforts and resources necessary to: (1) maximize the benefit to society of computer and information system; (2) educate and re-educate our citizens; (3) measure the use and impact of computers and communication systems on our national security, labor, and employment; (4) encourage technological innovations.

The bill requires that the Commission submit a report to the President and the Congress concerning its activities under the Act no later than 24 months following the date on which this Act becomes law.

The Act provides for a 23-member Commission to be composed in the following manner: 3 are to be appointed by the President pro tempore of the Senate, 3 by the Speaker of the House of Representatives, and 17 by the President of the United States. These 17 Presidential appointees will be drawn from the Executive Branch of the federal government, local and state government, the information industry, labor, and academe.

The bill provides no direct federal funding for the Commission's work. The Commission will be allowed to receive donations from individuals and public and private organizations to assist it in carrying out the responsibilities and functions under the Act. Although members of the Commission will not receive a salary for their participation in the Commission's work, the bill does provide for the reimbursement of travel expenses, including a per diem allowance, when performing service to the Commission.

III. DISCUSSION OF THE LEGISLATION

On March 28, 1985, Senator Nunn introduced S. 786 and the bill was referred to the Committee on Governmental Affairs.

During the August 12, 1986, markup of S. 786, Senator Nunn offered an amendment to delete section 12 of the bill providing for a $3 million authorization to fund the Commission's activities. The Committee understood that the private information industry will be allowed to fund the Commission's work. Travel and per diem expenses for work performed by the Commission will be paid for on a reimbursable basis with federal funds, consistent with current law. Senator Nunn's amendment was unanimously adopted.

Another amendment was offered by Senator Cohen. The amendment added an item to the list of subjects the Commission will study. That item is the impact of computers and communications

systems on personal privacy. The amendment was unanimously adopted.

On August 12, 1986, the Committee ordered S. 786 reported favorably with amendments.

IV. LEGISLATIVE HISTORY

On March 28, 1985, Senator Nunn introduced S. 786. The bill is cosponsored by Senator Lautenberg.

The bill was referred to the Committee on Governmental Affairs and on August 12, 1986, the Committee considered the legislation and ordered the bill reported favorably with amendments.

V. SECTION-BY-SECTION ANALYSIS

The first section of the bill provides that the short title of the bill is the "Information Age Commission Act of 1986."

Section 2 states congressional findings which include: that computers and communication systems are affecting business, education, government, and the manner in which our national security is carried out; that Congress has already begun to address some of the issues in the Information Age, such as intellectual property rights, computer education, and computer crime; and that there remains a need for a comprehensive and systematic study of the Information Age.

The two purposes of the Act are identified in section 3 of the bill. One is to create a forum for discussions and research on the present and future impact of computers and communications systems. The second is to present choices for change which maximize the benefits of the Information Age to our society.

The name and configuration of the Commission is in section 4 of the bill. The Commission is to be known as the "Information Age Commission". The Commission is to be composed of 23 members. Of the 23 members, 3 are to be from the United States Senate, 3 are to be from the House of Representatives, 6 are to be from the Executive Branch (including the Secretaries of Commerce, Education, and Defense), and 11 are to be from elsewhere. Of these 11 members, representatives should be drawn from the information industry, labor, academe, and state and local government.

Section 5 specifies the functions of the commission. The Commission shall conduct studies to develop an understanding of the Information Age, focusing specifically on at least, but not limited to, seven named topics: (1) the efforts and resources needed to maximize the benefit to society of computer and communications systems; (2) the effort and resources needed to maintain the U.S. lead in the world information marketplace; (3) the education and re-education required to equip our citizens for the Information Age; (4) the use and impact of computer and communications systems on the national defense of the United States; (5) the effort and resources needed to encourage new technological innovation; (6) the impact of computer and communications systems and labor and employment; and (7) the impact of computers and communications systems on personal privacy. In carrying out its responsibilities, the Commission shall make every reasonable effort to avoid duplicating existing research.

Certain routine powers for the Commission are listed in section 6 of the bill, including the authority to hold hearings, contract for research and other services, obtain the services of the Administrator of General Services for day-to-day administrative needs, and obtain the information and assistance of other departments and agencies.

Subject to the rules and regulations of the Information Age Commission, the Chairman of the Commission is authorized under section 7 of the bill to appoint, terminate, and fix the compensation of personnel the Commission selects to assist in the performance of its duties. This authorization is without regard to the provision of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, or any provision of law relating to the member, classification and General Schedule rates for personnel selected to assist the Commission.

The Chairman is also authorized to procure, as authorized by section 3109 of title 5, United States Code, temporary and intermittent services to the extent as is authorized by law for agencies in the Executive branch but at rates not to exceed the daily equivalent of the maximum annual rates of basic pay in effect for grade GS–18 of the General Schedule.

Section 8 provides that the Commission members shall serve on the Commission without compensation for their services. Members will be reimbursed for travel as authorized by section 5703 of title 5, United States Code, subsistence, and other necessary expenses incurred in the performance of the functions and duties of the Commission.

Section 9 provides authority for the Commission to adopt rules to govern its procedure.

Authority is provided in section 10 of the bill for the commission to accept, use, and dispose of gifts and donations of money and services.

Section 11 provides that the Commission shall submit its final report to the President and Congress within two years after the enactment of this legislation. The Commission shall expire thirty days after the final report is submitted to Congress and the President.

VI. EVALUATION OF REGULATORY IMPACT

Pursuant to the requirements of paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the Committee has considered the regulatory and paperwork impact of S. 786, as well as the impact of the bill on personal privacy.

The Committee does not believe the legislation results in any cognizable economic or regulatory impact on the public generally, or individuals or businesses.

The Committee does not believe the legislation results in any major changes to the privacy of the public generally, or individuals or businesses.

The Committee does note that one of the topics the Commission will study is the impact of computer and communications systems on personal privacy.

VII. ESTIMATED COST OF LEGISLATION

In compliance with paragraph 11(a) of rule XXVI of the Standing Rules of the Senate, the Committee provided the following estimate of the cost of S. 786, prepared by the Congressional Budget Office.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 30, 1986.

Hon. WILLIAM V. ROTH, Jr.,
Chairman, Committee on Governmental Affairs,
U.S. Senate, Dirksen Senate Office Building, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has reviewed S. 786, the Information Age Commission Act of 1985, as ordered reported by the Senate Committee on Governmental Affairs, August 12, 1986. We estimate that operation of the commission established by this bill would cost about $1 million to $2 million over fiscal years 1987, 1988, and 1989. Some of these costs may be offset by private donations, and the cost to the government would depend on appropriations actions.

This bill would establish a 23-member temporary commission to research and study the impact of computer and communications systems on the United States. The commission would collect relevant materials, hold public hearings, submit analyses and reports to the President and the Congress, and provide information to the media and the public. The commission would issue its final report two years after enactment of the bill, and would terminate one month thereafter.

The commission would be authorized to negotiate and enter into private contracts, obtain and pay for administrative services from the General Services Administration, and hire and compensate personnel outside the civil service. Commission members would serve without pay, but would be reimbursed for travel, subsistence, and other necessary expenses. The commission would be authorized to accept and use gifts or donations of money, services, or property.

Based on a review of similar temporary study commissions, CBO estimates that the commission would incur expenses of approximately $1 million to $2 million over a 25-month period, assuming appropriation of the necessary amounts.

Enactment of this bill would not affect the budgets of state or local governments.

If you wish further details on this estimate, we will be pleased to provide them.

With best wishes,
Sincerely,

RUDOLPH G. PENNER, *Director.*

VIII. VOTE IN COMMITTEE

On August 12, 1986, a quorum being present, the Committee on Governmental Affairs agreed, by voice vote, to report S. 786 as amended, favorably to the Senate. No opposition to the bill was registered by any member.

IX. CHANGES IN EXISTING LAW

In accordance with paragraph 12 of rule XXVI of the Standing Rules of the Senate, there are no changes in existing law made by S. 786, as reported.

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Calendar No. 1028

99TH CONGRESS
2d Session

SENATE

REPORT
99-506

NATIONAL COMMISSION TO PREVENT INFANT MORTALITY

SEPTEMBER 30 (legislative day, SEPTEMBER 24) 1986.—Ordered to be printed

Mr. ROTH, from the Committee on Governmental Affairs, submitted the following

REPORT

[To accompany S. 1209]

The Committee on Governmental Affairs, to which was referred the bill (S. 1209) to establish the National Commission to Prevent Infant Mortality, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

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I. SUMMARY AND PURPOSE

S. 1209, a bill to create a National Commission to Prevent Infant Mortality, as amended, would establish a 15-member, bipartisan panel comprised of members of Congress, representatives from State and local government and the executive branch, along with various health professionals with demonstrated expertise in maternal and child health, to identify the appropriate role of federal, state, local and private resources in the delivery of services associated with preventing infant mortality.

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The legislation directs the Commission to examine the effectiveness of federal and state policies under the Medicaid Program in order to ensure adequate access to prenatal and postnatal care for low-income pregnant women and mothers. The Commission is further assigned the task of reviewing already existing grants and services providing prenatal and postnatal education, care and nutrition, and evaluating current federal and state efforts to enable an appropriate distribution of properly trained health care professionals.

The Commission will identify the financial, intergovernmental, and within the Federal Government, the interagency barriers to the health care needed to prevent high rates of infant mortality. Based on this review, the Commission will recommend a national policy designed to improve the current approach to preventing infant mortality, along with a description of intergovernmental and private actions for carrying out that policy. It shall report within one year to Congress and the President the specific changes which are needed in Federal laws and programs to achieve an effective Federal role in preventing infant mortality.

II. BACKGROUND

In 1979, the Surgeon General of the United States set forth objectives for the maternal and child health of the nation in a report entitled, "Promoting Health, Preventing Disease: Objectives for the Nation." These objectives, re-affirmed in 1984, include:

> The infant mortality rate is to be reduced to no more than 9 deaths per 1,000 live births by 1990;
>
> Low birth weight babies should constitute no more than 5 percent of all live births;
>
> By 1990, no county and no racial or ethnic group of the population should have an infant mortality rate in excess of 12 deaths per 1,000 births;
>
> By 1990, the proportion of women in any county, or in any racial or ethnic group who obtain no prenatal care during the first trimester of pregnancy should not exceed 10 percent; and
>
> By 1990, virtually all women and infants should be served at levels appropriate to their need by a regionalized system of primary, secondary, and tertiary care of prenatal, maternal and perinatal health services.

In the last few years, it has become increasingly apparent that after a long period of declining infant mortality rates in the United States, the speed of decline has diminished markedly, and the goals set forth in the Surgeon General's report may not be achieved by 1990. Concerns that our nation lags behind 16 other industrialized nations in infant mortality prevention, and that babies are dying in numbers that are shockingly high for a developed nation such as ours, have been expressed in several major studies of infant mortality and low birth weight.

The National Academy of Science's Institute of Medicine published a report in 1985 entitled, "Preventing Low Birthweight," which details the problems of low birth weight, the factor most closely associated with infant mortality, and recommended approaches to its prevention. In November, 1985, the Southern Re-

gional Task Force on Infant Mortality, formed by the Southern Governor's Association to draw attention to the critical problem of infant mortality in the South, released a comprehensive study recommending major initiatives designed to improve Federal and State services.

The report of the Southern Regional Task Force on Infant Mortality specifically highlights the need for coordination between the U.S. Departments of Health and Human Services, Agriculture and Education in administering already existing programs for maternal and infant health. The report also discusses the cost effectiveness of preventive prenatal and infant health care and human resource programs and documents ways in which money can be saved by investing in prevention. It calls attention to the need for leadership from the Federal Goverment in coordinating the services of State and local governments, and the private sector.

Additionally, the Southern Regional Task Force Report cites that in 1982, ten of the eleven States in the Nation with the highest infant mortality rates were in the South and that 7.6 percent of all babies born in the South were either premature or low birthweight, compared to 6.3 percent for the rest of the nation. Reports by other organizations also indicate that infant mortality rates are higher in certain ethnic groups, regions of the country and socio-economic groups. The October, 1985 report of the Congressional Research Service to the Committee on the "Demographic and Social Patterns of Infant Mortality" cites a serious differential in black and white infant mortality rates. In 1983, the infant mortality rate was 95 percent higher for black infants than white infants. The 1983 infant mortality rate for the rural poor was 16.29 per 1,000 live births, according to a September, 1985 report of Public Voice for Food and Health Policy entitled, "The Nutritional Status of the Rural Poor."

III. LEGISLATIVE HISTORY

Senator Chiles introduced S. 1209 on May 23, 1985. The bill was referred to the Subcommittee on Intergovernmental Relations. Field hearings on S. 1209 were held by the Subcommittee in Miami, Florida in September, 1985, and again, at Providence Hospital in Washington, D.C. in October, 1985. Additionally, the Budget Committee conducted hearings in Pensacola, Florida in October, 1985, to explore costs and benefits related to the elimination of infant mortality.

The Subcommittee, at its hearings, heard supportive testimony from representatives of State and local government, health care providers, and private agencies and organizations. Calling attention to government's fragmented system of service delivery, the witnesses requested that the Commission focus on the role of each level of government and the private sector in order to insure the most effective and cost-beneficial way to expand care to the high risk, unserved, and underserved populations.

Dr. Richard E. Smith, of the March of Dimes Birth Defects Foundation, highlighted portions of the recent Institute of Medicine report on low birthweight, and drew attention to the report's con-

clusion that low birthweight could contribute significantly to a reduction in infant mortality in the United States:

> Preventing LBW is an approach considerably less costly, both socially and economically, than additionally investment in neonatal intensive care.

In further testimony, Dr. Smith stated that after analyzing numerous studies, the Institute of Medicine found that—

> The overwhelming weight of the evidence is that prenatal care reduces low birthweight. This finding is strong enough to support a broad national commitment to ensuring that all pregnant women, especially those at medical or socioeconomic risk, receive high-quality care.

In other testimony, witnesses cautioned against duplicating the work of state and local officials and agencies who have already assimilated a massive amount of material on the subject of infant mortality. Sarah S. Brown, study director for the Institute of Medicine report, testified:

> To the extent that the Commission is oriented to drafting a feasible, fundable plan of action, it will be useful. If, by contrast, it only assembles existing data and ideas, a major opportunity will have been lost.

In expressing the views of the Administration regarding S. 1209, Dr. James O. Mason, Acting Assistant Secretary for the Department of Health and Human Services, also emphasized the need "to be about the task of acting upon what we already know," stating that the Administration opposes this legislation because the issue of infant mortality has been studied before by other investigators, task forces, and prominent organizations, as well as by the Department of Health and Human Services. Citing the Black and Minority Health Task Force, established by the Secretary of Health and Human Services in 1984, and the Infant Mortality Review Teams, more recently initiated by the Department, Dr. Mason expressed concern that the Commission would only duplicate the work already being done by Health and Human Services.

IV. COMMITTEE VIEWS

Throughout its deliberations on S. 1209, the Committee gave considered attention to the hearing testimony and to statements submitted for the record on this legislation, noting the volume and intensity of testimony regarding the need for public awareness and public education to combat this national problem. The Committee recognizes, however, that national problems are best addressed through strategies that mobilize the American people at the grassroots, community level. Easing the problem of low birthweight and, in turn, infant mortality, will require a stronger private sector concern with infant survival. For example, we need to invite the media to take a leadership role in educating the public to the importance of prenatal care and the dangers of smoking during pregnancy.

The Committee emphasizes that private sector participation is central to our efforts to reduce infant mortality rates. Access to

prenatal service in some communities can be traced to inadequate numbers of private physicians available or willing to provide such care, particularly to low income women. It is also apparent that maternity services are not always covered adequately in a wide variety of private health plans. The Committee directs the Commission to find effective ways to engage the large community of private physicians and private insurers in order to increase access to prenatal services.

Of particular concern to the Committee is evidence that the decline in the infant mortality rate over the past twenty years has not been equally distributed among all races, ethnic groups, regions of the Nation, and types of communities. The Committee directs the Commission to pay particular attention to the ethnic groups, regions of the country, and socio-economic groups which were highlighted in study reports.

Serious consideration was given by the Committee to the concerns expressed by the Administration and others that the Commission established by S. 1209 would duplicate research already undertaken by State and local officials, private organizations, and Federal agencies. The Committee intends that the Commission concentrate its efforts on developing strategies to implement the recommendations made in prior research. It is time to act on what we already know.

Closing the gap that exists between current and desired levels of health care for pregnant women and children will require a simple but direct system of responsibility and accountability, spanning Federal, State, and local levels of government. Past efforts to expand prenatal services have faced enormous organizational and administrative difficulties, too often reflecting the Nation's patchwork, nonsystematic approach to making such services available. Areas of intergovernmental cooperation in coordinating our Nation's system of health services have been identified by the Southern Regional Task Force on Infant Mortality. In determining future national policy for the prevention of infant mortality, the Commission will need to further delineate intergovernmental and private actions for carrying out that policy. The coordination and streamlining of current intergovernmental systems for delivering services should be a major focus of the Commission.

V. COMMITTEE ACTION AND VOTE

In the mark-up of S. 1209 on August 12, 1986, the Committee adopted certain technical amendments which provide access to information authority appropriate to the work of this Commission, limit staff salaries to the rate payable for GS–18 under the General Schedule, and limit the authorization of appropriations to $1 million, such amount to remain available until the Commission terminates.

The amended language on page 7 of S. 1209 replaces the subpoena powers of the Commission with a provision enabling Commission members to obtain the information they need from Federal departments or agencies. The section-by-action analysis makes clear that, upon the request of the Chairman of the Commission, the

heads of Federal departments or agencies shall furnish necessary information to the Commission.

S. 1209, as amended, was reported favorably to the Senate, by the Committee on Governmental Affairs on August 12, 1986, by unanimous voice vote with the following Senators present: Stevens, Mathias, Cohen, Durenberger, Cochran, Eagleton, Nunn, Levin, Gore and Roth.

VI. SECTION-BY-SECTION ANALYSIS

Bill title

This section provides that his Act may be cited as the "National Commission to Prevent Infant Mortality".

Section 2—Findings and purpose

This section describes the need for the Commission, citing statistics demonstrating the gravity of the problem of infant mortality in the United States. The relationship between low birthweight and infant mortality and morbidity, and the need for a more adequate prenatal care delivery system to prevent low birthweight are also addressed in this section.

The purpose of the Commission is to address respective governmental and private roles in the delivery of services associated with preventing infant mortality, and to recommend actions designed to change and improve the Nation's comprehensive approach to this national problem.

Section 3—Definition

Section 3 defines the term "infant mortality" as the number of infants born alive but who die before their first birthday.

Section 4—Establishment of a national commission

This section establishes the National Commission to Prevent Infant Mortality, hereinafter referred to as the "Commission," and describes its membership.

This section also describes the method of appointment of the Chairperson, Vice Chairperson, and members of the Commission; the nature of a quorum and the method of filling vacancies. The Commission is to be composed of 15 members, the appointments to be made by the President of the United States, and the majority and minority leaders of the Senate, the Speaker of the House of Representatives, and the minority leader of the House as follows:

Two members of the Senate are to be selected by the majority and minority leaders, two members of the House selected by the Speaker of the House and the minority leader, one Governor selected jointly by the majority leader of the Senate and the Speaker of the House. Two members representing State and local government are to be appointed by the President. The Secretary of Health and Human Services and the Comptroller General are to be members. Finally, six at large members with demonstrated expertise in maternal and child health are to be selected jointly by the majority leader of the Senate and the Speaker of the House.

This section also stipulates (1) the Commission may select a Chairperson and Vice Chairperson from among its members, (2)

eight members of the Commission may constitute a quorum, but a lesser number may hold hearings, and (3) the Commission shall meet at the call of the Chairperson. Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, and may be filled in the same manner as the original appointment.

Section 5—Duties of the Commission

This section gives the Commission responsibility for identifying and examining Federal, State, local and private resources which impact on infant mortality. The Commission will examine the effectiveness and adequacy of specific related Federal programs, Federal and State Medicaid policies, the role of Federal income maintenance programs, and Federal and State efforts to ensure appropriate distribution of properly trained maternal and child health care professionals.

Additionally, the Commission is mandated to identify the financial, intergovernmental, and Federal interagency barriers to preventive health care needed to reduce infant mortality. It will review recommendations made in recent regional and national reports that promote the health status of childbearing women and their infants and carry forward the recommendations that seem appropriate.

In its report to Congress and the President, the Commission will recommend a comprehensive national policy to change and improve the current approach to preventing infant mortality. The Commission report, due not later than one year after enactment of the Act, will delineate the proper roles of the Federal government, States, local governments and private institutions and recommend specific changes which are needed in Federal laws and programs to achieve an effective Federal role in preventing infant mortality.

Section 6—Powers of the Commission

The Commission, or at its direction, any subcommittee or member thereof, is empowered to hold hearings, take testimony and receive evidence in order to carry out the provisions of the Act. The Chairman of the Commission may request from the head of any Federal department or agency information necessary to enable the Commission to carry out the provisions of the Act. This section further enables the Commission to enter into contracts and other arrangements in accord with the provisions of the Act.

The last subsection of this section exempts the Commission from the Federal Advisory Committee Act.

Section 7—Commission staff

This section provides for the Chairperson and the Vice Chairperson to appoint an Executive Director, subject to confirmation by the Commission, who shall serve at the pleasure of the Commission. Other personnel may be appointed or terminated by the Commission as it considers appropriate.

Appointments and salaries of Commission personnel are exempt from title V, U.S.C. and chapter 51 and subchapter 111 of chapter 53 of such title relating to classification and General Schedule pay rates, except that the rate of pay for such executive director and

other personnel may not exceed the rate payable for GS-18 of the General Schedule under section 5332 of such title.

Members and personnel serving the Commission are made exempt from Federal conflict of interest and other laws restricting Federal service. The Commission is authorized to procure services at rates not to exceed the daily payable for GS-18 employees.

Section 8—Sunshine provision

This section requires the Commission to ensure its proceedings are open to the public to the maximum extent practicable.

Section 9—Termination of the Commission

This section requires the Commission to terminate ninety days after its recommendations are submitted.

Section 10—Authorization of appropriations

This section authorizes $1 million for the operation of the Commission. This amount shall remain available until the day on which the Commission terminates under section 10.

VII. EVALUATION OF REGULATORY IMPACT

Paragraph 11(b) of Rule XXVI of the Standing Rules of the Senate requires each report accompanying a bill to evaluate the regulatory and paperwork impact which would be incurred in carrying out the bill.

The Committee estimates that passage of this legislation will have no effect on either regulatory or paperwork burdens.

VIII. ESTIMATED COST OF LEGISLATION

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, August 28, 1986.

Hon. WILLIAM V. ROTH, Jr.,
Chairman, Committee on Governmental Affairs,
U.S. Senate, Washington, DC.

DEAR CHAIRMAN: The Congressional Budget Office has reviewed S. 1209, the National Commission to Prevent Infant Mortality, as ordered reported by the Senate Committee on Governmental Affairs on August 12, 1986. CBO estimates this bill would cost the federal government about $500,000 in fiscal year 1987. Costs could be higher or lower depending on the actual level of activity undertaken by the Commission. The budgets of state and local governments would not be affected directly by enactment of this legislation.

The bill would establish a 15 member National Commission to Prevent Infant Mortality. The Commission would spend one year assessing the effectiveness of several federal programs relating to prenatal and postnatal care. The Commission would recommend policy to improve infant mortality prevention. Costs associated with the bill include pay, travel and per diem expenses for Commission members and salary and overhead costs for an executive director and staff.

Please call me or have your staff contact Carmela Dyer if you have further questions.

With best wishes,

Sincerely,

EDWARD GRAMLICH
(For Rudolph G. Penner).

IX. CHANGES IN EXISTING LAW

In accordance with Paragraph 12 of Rule XXVI of the Standing Rules of the Senate, there are no changes in existing law made by S. 1209, as reported.

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